



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

NISAL CORP

Respondent Name

TEXAS MUTUAL INSURANCE CO

MFDR Tracking Number

M4-11-3507-01

Carrier's Austin Representative

Box Number 54

MFDR Date Received

June 13, 2011

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "The worker's compensation carrier has issued a response to our facilities request for reconsideration which reads; does not meet the definition of case management. Clearly all of our facilities documentation has been attached since initial faxing. Upon further review this documentation does indeed support the level of service billed. Also this code is distinguished as separate and identifiable."

Amount in Dispute: \$200.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The requestor Nisal Corp who submitted billing for a case management activity on 9/8/10 with code 99362-W1. Texas Mutual denied payment to the requestor for the following reason. Rule 134.202(e) (1) (B) [sic] states in part that team conference must be outside of an interdisciplinary program. It appears to Texas Mutual that the case management activity billed is actually a treatment team meeting of the work conditioning program."

Response Submitted by: Texas Mutual Insurance Company

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
September 8, 2010	99362-W1	\$200.00	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.204 sets out the Medical Fee Guideline for Workers' Compensation Specific Services provided on or after March 1, 2008.
3. The services in dispute were reduced/denied by the respondent with the following reason codes:
 - CAC-W1 – Workers compensation state fee schedule adjustment.
 - CAC-93 – Original payment decision is being maintained. Upon review, it was determined that the claim was processed properly.

- 724 – No additional payment after a reconsideration of services.
- 744 – Does not meet the definition of case management per DWC Rule 134.202 and/or 134.204.
- 892 – Denied in accordance with DWAC Rules and/or medical fee guideline including current CPT code descriptions/instructions.

Issues

1. Did the requestor meet the documentation requirements for CPT code 99362?
2. Is the requestor entitled to reimbursement?

Findings

1. 28 Texas Administrative Code §134.204 states in pertinent part, “(e) Case Management Responsibilities by the Treating Doctor is as follows: (1) Team conferences and telephone calls shall include coordination with an interdisciplinary team (A) Team members shall not be employees of the treating doctor. (B) Team conferences and telephone calls must be outside of an interdisciplinary program. Documentation shall include the purpose and outcome of conferences and telephone calls, and the name and specialty of each individual attending the team conference or engaged in a phone call. (2) Team conferences and telephone calls should be triggered by a documented change in the condition of the injured employee and performed for the purpose of coordination of medical treatment and/or return to work for the injured employee. (4) Case management services require the treating doctor to submit documentation that identifies any HCP that contributes to the case management activity. Case management services shall be billed and reimbursed as follows: (B) CPT Code 99362...”

Review of the documentation titled “*Team Treatment Meeting*,” states in pertinent part, “The client returned to treatment on 08/31/2010 as he was approved for 5 additional work conditioning sessions. He continues to be compliant, motivated and an active learner in the program. Plan: Engage the client in activities which focus on alleviating fear avoidance symptoms regarding engagement in physical and work activities.”

The documentation submitted for review does not meet the documentation requirements of 28 Texas Administrative Code §134.204 (e) (1) (B). As a result, the requestor is not entitled to reimbursement for CPT code 99362-W1.

2. Review of the submitted documentation does not support the billing of CPT code 99362-W1. As a result, reimbursement is not recommended to the requestor.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

Signature	Medical Fee Dispute Resolution Officer	June 23, 2014 Date
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YOUR RIGHT TO APPEAL

Either party to this medical fee dispute may appeal this decision by requesting a contested case hearing. A completed **Request for a Medical Contested Case Hearing** (form **DWC045A**) must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the Medical Fee Dispute Resolution Findings and Decision** together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party**.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.